

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 84
Registered No. 248

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 49 R Kane Phil St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Leota Virginia Cole

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other 5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>Sept 2, 1925</u> Month Day Year
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8. FATHER
Full name Thomas Marion Cole

9. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race
White

11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Bafford
(State or country) Arizona

13. Occupation Pipe man
Nature of Industry Copper mine

14. MOTHER
Full maiden name _____

15. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race
White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Pima
(State or country) Arizona

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother. <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:03 A m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

R. J. Miller

M.D.

(Physician or midwife)

Given name added from a supplemental report

Address _____

Miami, Arizona

Filed _____

Sept 11, 1925

C. E. Dine

Registrar

Month, day, year

335-902-000

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.